

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)						SERIAL NO. 09/674379	FILED DATE				
						APPLICANT(S)					
CLAIMS											
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT							
IND.	DER.	IND.	DER.	IND.	DER.	IND.	DER.	IND.	DER.	IND.	DER.
1	1	1									
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20											
21											
22											
23											
24											
25											
26											
27											
28											
29											
30											
31											
32											
33											
34											
35											
36											
37											
38											
39											
40											
41											
42											
43											
44											
45											
46											
47											
48											
49											
50											
TOTAL IND.	1										
TOTAL DER.											
TOTAL CLAIMS	50		24		3						
TOTAL IND.											
TOTAL DER.											
TOTAL CLAIMS											

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS